

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 938204

VETERAN

Lewis Sutton

RANK

Priv.

SERVICE

Co. 7 29. miss. Vol. Inf.

CAN. No.

19327

BUNDLE NO.

19

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original

Pension Claim No.

749995

[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Cewis Sutton

Rank,

Pvt

Company F, 29 Reg't Mich Inf

Grand Rapids Mich State,

Claimant's post-office address.

Monksgon Michigan
130 Randolph St

[Post-office address of the Board.]

Jan 13th

1897.

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Dis of Heart, Lungs & Kidneys & Prostate gland, Rheumatism & Piles.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for

Original

[Original, decrease, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Has palpitation of heart, been so for several years. Can't lift. Lungs are weak. Catches cold easily. Spits up mucus in the morning. Has pains through kidneys. Does not know of having trouble with the prostate gland. Has rheumatism in legs, been so for 3 or 4 years. Did not ever have piles.

Upon examination we find the following objective conditions: Pulse rate, 86; respiration, 19; temperature, 98.2; height, 5 feet 6 inches; weight, 140 pounds; age, 53 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Dis of Heart. Pulse at rest 86, standing 100, after ex 110. Apex impulse visible in 5th interspace, 2 in. to left of nipple line. Auscultation reveals systolic murmur at apex some dyspnoea on exertion. No Cyanosis. Diagnosis: Mitral Insufficiency R. 2/8.
Lungs. Meas of chest at rest 36 in. on full insp 38 in forced expiration 35 inches. Auscultation & percussion fails to show evidences of Dis of lungs. R 2/8.
Kidneys. No history of uraemic attacks, or convulsions. Urine of mine. Color Amber Sp Gr 1020 Acid reac. No Sugar No Albumen. Urinary organs normal. No Rating.
Prostate Gland. Exam reveals no enlargement or disease of gland. No Rating. Piles exam shows no evidences of piles R 2/8.
Rheumatism. Exam of all joints fails to show signs of rheumatic trouble, no swelling of joints. Muscles normal. No Rating.
No evidences of alcoholic or vicious habits.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Samuel H. Wells, Pres. W. W. Collins, Sec'y. Robert R. Smith, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

☒ (This certificate to be filled in and signed by the secretary when full board is present.)

"I hereby certify that Dr. Drummett Marsh, Dr. H. M. Catlin, and Dr. Reuben Peterson, were personally present and actually participated in the examination of Lewis Sutton, the claimant in this case, on 13th day of Jan, 1897."

(Signature.)

H. M. Catlin

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."

(Signature.)



SURGEON'S CERTIFICATE

IN CASE OF

Lewis Sutton

Co. H, 24th Reg't Mich Inf

Applicant for Original

No. 749,995

DATE OF EXAMINATION:

Jan 13th, 1897

Drummett Marsh Pres.,

H. M. Catlin, Sec'y,

Reuben Peterson, Treas.,

BOARD.

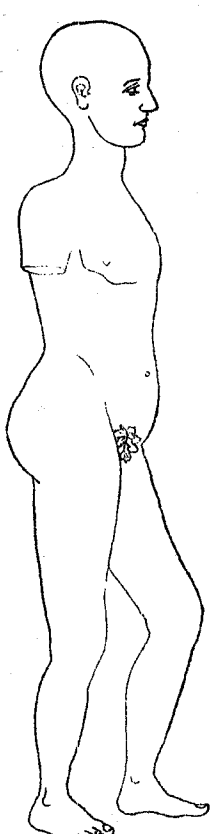
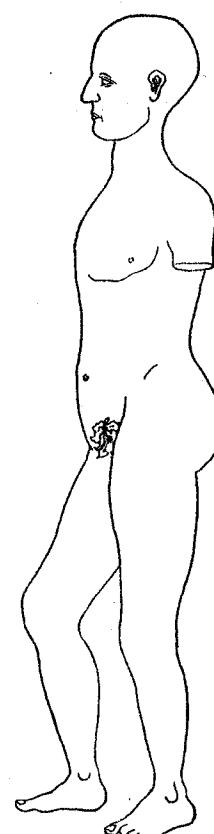
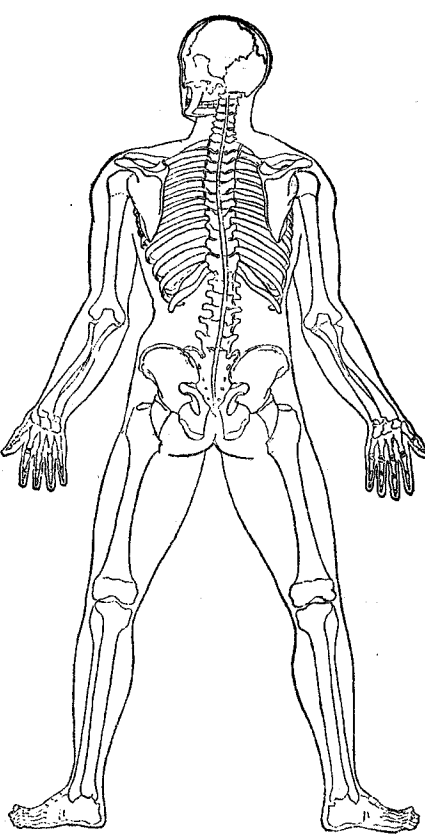
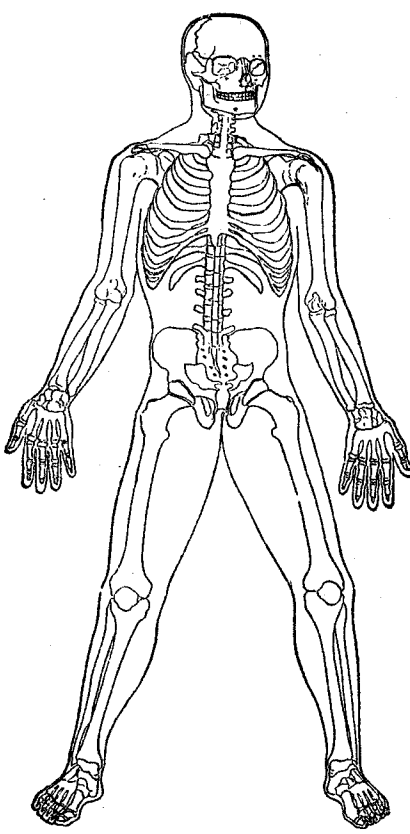
Post office, Grand Rapids

County, Kent

State, Michigan

P. S.—Write your Post-office address plainly and in full.

R. L. Partridge



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Ex-tract from Section 4, Act of Congress approved July 25, 1882.]

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Additional Pension Claim No. *938,204*
Name of claimant *Lewis Sutton* Address of Board *Mustkegon Mich* P. O. *Mustkegon Mich* State. *Mich*
Company *7.29 Reg't Mich Vol Inf.* [Date of examination.] *May 21*, 190 *2*
Claimant's post-office address. *Mustkegon Mich.*
Cause of disability. *Rheumatism and gun shot wound of right leg above knee alleged under the general law and rheumatism disease of heart, lungs, and kidneys and prostate gland, piles and general debility.*
He receives a pension of *6* dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: *Rheumatism came in 6 years ago, sustained gun shot wound of leg in 1864. Heart and lungs have been troubling for several years. Kidneys, prostate gland have been troubling for 24 years. General debility for several years.*

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, *Detroit Mich.*; age, *58* years; height, *5 ft 5 1/2* inches; weight, *150* pounds; complexion, *pallor*; color of eyes, *blue*; color of hair, *gray*; occupation, *fireman*; permanent marks and scars other than those described below, *no*.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, *92-100-110*; respiration, *19-21-24*; temperature, *98 3/8*;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

There is rheumatism in both shoulders, elbows, wrists, hips, knees and ankles. These joints are sore and stiffened. The hip and knee joints crepitate and are limited in motion 1/3 degree. There is soreness and stiffness in the muscles of the back and motion of the back is limited 1 degree. There is tenderness along the course of both sciatic nerves. There is general muscular soreness and stiffness throughout the body. There is a gunshot wound on the right side thigh, anterior surface of middle third, the wound is one inch in diameter. It is a flesh wound and no disability exists. *10/18*

The apex impulse of the heart is evident on inspection at mammillary line in fifth interspace. The upper limit of dullness extends to upper border of third rib. The lower to upper border of sixth rib, the right to right border of sternum, the left to mammillary line. The rhythm is regular and force increased. There is a systolic heart loudness at the apex. There is no dyspnea, cyanosis, edema, nor dilatation. There is hypertrophy. *8/18*

Measurements, at rest, 34 inches, inspiration 36 inches, expiration 32 1/2 inches. There is no dullness on percussion and the respiratory sounds throughout the chest are normal in every respect.

The urine is acid, amberecolor, sp. gr. 1.018 and contains no sugar, albumen nor abnormal deposits.

We find no disease of prostate gland.

He says that he makes no claim on piles.

We find no general debility existing.

In our opinion this claimant is entitled to a 10/18 rating for the disability caused by rheumatism and 8/18 for that caused by heart disease.

J. P. Mann, Pres. *J. P. Mann*, Secy. *Dr. J. Williams*, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (old No. 3-111 p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

Mid, Sir, (3-100.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D.C., Mar, 21, 1890,

Mr. Lewis Sutton,

late a priv.

Co. B., 29th Regiment Mich. Vols,
an applicant for and sig.

Invalid Pension No. 749995

on account of disability from gun shot
wound of right leg above
the knee, rheumatism of said
leg causing lameness.

has been directed to report himself to you.

Very respectfully,

GREEN B. RAUM,

Commissioner.

Dr.

Arthur M. Gerow
Cheboygan

Co.

"

Mich.

N. B.—Read the inside of this circular before exam-
ining a claimant.

(18056—100 M.)

Est. 938204
Detroit

3-357.
(Old No. 3-145 b.)

Cert. No. 938204

ACT JUNE 27, 1890.

Increase

INVALID PENSION.

Claimant, Lewis Sutton

P. O. 130 Sanford street, Muskegon

County Muskegon

State Michigan

Rate, \$ 8 per month, commencing May 21, 1902.

Rank Private

Company 7

Regiment 29 Mich. Vol. Inf

Pensioned for Partial inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name FI No atty

Fee, \$

P. O.

Agent to pay.

APPROVALS

Submitted for admission Nov. 6, 1902, P. L. Himebaugh, Examiner.

Approved for

Dis of heart. (old)

Approved for

disease of heart and rheumatism.

Rheumatism. (New)
allegd. Dec. 28, 1901.

Aggregate of disabilities shown, permanent in character: \$ 850

from May 21, 1902,

Nov. 15, 1902, P. L. Himebaugh

Legal Reviewer.

, 190

Re-Reviewer.

McKew

Medical Examiner.

November 17, 1902, John Houston

Medical Reviewer.

Medical Referee.

Enlisted September 3rd, 1864; honorably discharged September 6, 1865

Enlisted ✓, 1865; honorably discharged ✓, 1865

Pensioned at \$ 6 per month. Last paid to for disease of heart

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed December 28, 1901, alleges increase in disease of heart

(for which now pensioned) and also in rheumatism.

Claimant does ✓ write.

Certificate not filed.

No

M. C.

Middle

Old law pending.
appears to be abandoned

Act of June 27, 1890.

INVALID PENSION. # 749,995

Claimant, Lewis Sutton

P.O., Muskegon 130 Sanford St

Rank, Pri

County, Muskegon

Company, F

State, Mich

Regiment, 29 Mich Vol Inf

Rate, \$ 6, per month, commencing April 16, 1896.

Disabled by

Dis. of heart

RECOGNIZED ATTORNEY.

Name, James Greacen

Fee, \$ 10

Agent to pay.

P.O., Kalkaska Mich

Articles filed, 189 .

APPROVALS.

Submitted for Rejection July 7, 1897,

M. A. Watson

Examiner.

Approved for Disease of heart

Approved for disease of heart

Ref. et rheumatism disease of
lungs & kidney piles & prostate
trouble no disability therefrom
Subject to approval of the Medical
Referee, See Slip.

No other disability.

Legal Reviewer.

J. F. Raub
Medical Referee.

July 15, 1897.

July 22, 1897.

not now pensioned under other laws. Last paid to 189 , at \$

Pensioned from 18 , at \$, for

SERVICE SHOWN BY RECORD.

Enlisted Sept 3, 1864,

honorably discharged Sept 6, 1865

Re-enlisted 18 ,

honorably discharged 18

Declaration filed April 15, 1896, alleges permanent disability, not due to vicious habits,

from rheumatism disease of heart lungs and

kidneys piles prostate trouble

clt-writes

no m c

Act of June 27, 1890.

INVALID PENSION.

748995

Claimant, Lewis Sutton
 P.O., Muskegon - 72 Summer St. Rank, Prvt.
 County, Muskegon Company, 7
 State, Michigan Regiment, 29 Mich. Inf.
 Rate, \$ _____, per month, commencing May 25, 1895.

Disabled by

REJECTED

RECOGNIZED ATTORNEY.

Name, James Greacen Fee, \$ _____ Agent to pay.
 P.O., Kalkaska, Mich. Articles filed, _____, 189 .

APPROVALS.

Submitted for Rejection, Nov. 4, 1895, W. H. Fay Examiner.

Approved for Rheumatism, disease Approved for _____

of heart, lungs & kidneys or prostate, & general debility.

Ref. no ratable disability shown under Act of June 27, 1890.

Examiner
Legal Reviewer.

Holmes
Medical Referee.

Nov 13 1895

Nov 21, 1895.

not now pensioned under other laws. Last paid to _____, 189 , at \$ _____

Pensioned from _____, 18 , at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Sept. 3, 1864 honorably discharged Sept 6, 1865

Re-enlisted _____, 18 , honorably discharged _____, 18

Declaration filed May 25, 1895 alleges permanent disability, not due to vicious habits,

from Rheumatism, disease of heart, lungs, kidneys or prostate and general debility.

No m. c.

Chas. W. W. W.

ACT OF JUNE, 27, 1890.

DECLARATION FOR INVALID PENSION.

STATE OF Michigan COUNTY OF Monroe SS.

On this 6th day of April A. D. one thousand eight hundred and nine-
ty and before me, a Notary Public in and for the

County and State aforesaid, personally appeared Lewis Sutton
aged 51 years, a resident of Monroe, county of Monroe

State of Michigan, who being duly sworn according to law, declares
that he is the identical Lewis Sutton who was enrolled on

the 3rd day of Sept, 1864 as Or in Co. F, 29th Reg't
Here state rank, company and regiment if in the Military ser-

Mich Infy Vols., in the service of the United States during the war of the
vice, or vessel, if in the Navy.

rebellion, and served at least ninety days, and was honorably discharged at or near
Murphersboro Tenn in the State of
Tennessee, on the 6th day of Sept, 1865 -

That he has not been employed in the U. S. military or naval service otherwise
than as stated above.

(If in other service, here state in what organization, and when it began and ended.)

That he has not been in the military or naval service of the United States since
the 6th day of Sept 1865 -

That he is unable to earn a support by reason of disease
[Partially or totally] Here state the name and nature of
Heart, Sinus, and Kidneys
every disease and describe every wound and injury that causes the disability no matter whether incurred in the service or not.

Posterior trouble Rheumatism & Piles

That said disabilities are not due to vicious habits, and are to the best of his
knowledge and belief permanent.

That he has not received but applied for a pension under application No 749993 -

That he is a pensioner under certificate No no
If now pensioned, state your rate, number of certificate, and disabili-

ties mentioned in it. If you have applied, but not received pension, state when and for what disability and give number of claim.

That he makes this declaration for the purpose of being placed on the pension
roll of the United States under the provisions of the act of June 27, 1890.

He hereby appoints JAMES GREACEN, OF KALKASKA, MICH., his true and

lawful attorney to prosecute his claim. That his post-office address is Monroe

730 Frankford St, county of Monroe, State of Michigan

Frank Ford

John Carr

Two witnesses who can write must sign here.

Lewis Sutton
(Signature of Claimant.)

ATTY FILED

Medical Division.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. *July 13* 189*7*

No. Claim, *749995*

Claimant, *Levi Sutton*

Co. *F*, *29 Reg't Mich. Vol. Inf.*

Respectfully returned to the CHIEF
of the *Bd. of Pensions* with
the opinion that a ratable disability,
under the ACT OF JUNE 27, 1890, is *—*
shown in the case from *disorder*
of heart —

Trisler

Medical Examiner.

Approved:

[Signature]

A. J. Raub

Medical Referee.

[3-216 a.]

Ex'r.

No.

749995

Act of June 27, 1890.

Lewis Sutton

P. O.

72 Sumner St.

Muskegon Muskegon Co.

Service:

Priv. 4. 29 Mich. Inf.

REJECTED.

Enlisted:

Sep. 3, 1864.

Discharged:

Sep. 6, 1865.

Application filed:

May 25, 1895.

Alleges:

Any other Claim filed:

S.O. 749.995

Numerical No.

Attorney:

James Greasen.

P. O.

Kalkaska -
Mich.

Recognized.

Contract.

Cert. of Dis.

Searched for

, 189 .

Atty. Filed

~~Wambaugh~~ ~~St~~ [3-216.]
~~Ex'r.~~ INVALID.
No. ~~7119~~ 7119
Cof. No. 1938204
Acts of July 14, 1862, and March 3, 1873.

Lewis Sutton
P. O. 2 Cheboygan Mich
Service: Dr. S. 29 Mich Inf
Enlisted: Sept 3, 1864.
Discharged: Sept 6, 1865.
Application filed: Jan 18, 1890.
Alleges: Gwd r knee. Rheu
Re-enlisted: 1/90

Attorney: Albert R Andrews
P. O. 2 Cheboygan Mich
Recognized. Contract.
Cert. of Dis. Searched for 18
(17176-30,000.)

L. A. Watson

[3-216 a.]

Ex'r.

S.O. No.

749.995

Act of June 27, 1890.

Lewis Sutton
P. O. Muskegon ^{730 Sanford St}
Muskegon Co., Mich.
Service: 7 29 Mich. Inf.

Enlisted: Sept 3, 1864.

Discharged: Sept 6, 1865.

Application filed: Apr 15, 1896.

Alleges:

Any other Claim filed: ⁰⁵ S.O. 749.995

Numerical No.

Attorney: Jas. Greason
P. O. Kalkaska
Mich.

Recognized.

Contract.

Cert. of Dis. Searched for

, 189

att filed

2

INVALID. (Series _____)

Cert. No. **938204**

Name, *Lewis Sutton*

Rank, *P. 1*; Service, *Co. F 29 Mich. Inf.*

Original Roll: *Detroit*

Agency, Transf'd _____, 18____, to _____

"DEAD."

Issued *July 30*, 18____

Mailed *Aug. 7*, 18____

Rate and Period, \$ *6*, from *Apr. 15*, 18____

Deductions: _____

Disability: _____

Partial inability to earn a support by manual labor.

Issued *Nov. 21*, 18____

Mailed *" 26 "*, 18____

Rate and Period, \$ *P.*, from *May 21*, 18____

Act of June 27, 1890

Deductions: _____

Port by manual labor.

Fee, \$ _____

Entered _____

Issued _____, 18____

Mailed _____, 18____

Deductions: _____

Disability: _____

Fee, \$ _____

Entered _____

INDORSEMENTS

DPO

of death Sept 20 1893

TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.

ARTICLES OF AGREEMENT.

Whereas I,

James E. Miller

late a

Private

in Company _____, of the _____

Regiment of

Ohio Infantry Volunteers,

war of *1861*

having made application for pension under the laws of the United States.

NOW THIS AGREEMENT WITNESSETH: That for and in consideration of services done and to be done in the premises, I hereby agree to allow my agent *A. G. Parker* of *Cadwallader Ohio* the fee of *twenty five* DOLLARS, which shall include all amounts to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by, or payable to my said agent, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions; and then the same shall be paid to _____ in accordance with the provisions of sections 4768 and 4769 of the Revised Statutes, U. S.

Joseph Copeland

Levi A. Sacker

(Two Witnesses Signatures.)

James E. Miller

(Signature of Claimant.)

Cadwallader Ohio

(Post-office Address.)

State of *Ohio*, County of *Tuscarawas*, ss:

Be it known that on this, the *15* day of *March* A. D. 18*90*, personally appeared

James E. Miller the above named, who, after having had read over to *him* in the hearing and presence of the two attesting witnesses the contents of the foregoing articles of agreement, voluntarily signed and acknowledged the same to be *his* free act and deed.

[L. S.]

Newton M. Crawford

(Official Signature.)

Notary Public

Agent's Acceptance.

And now, to wit, this *15* day of *March*, A. D. 18*90*, I accept the provisions contained in the foregoing articles of agreement, and will to the best of *my* ability, endeavor faithfully to represent the interest of the claimant in the premises. _____ hereby certify that _____ have received from the claimant above-named the sum of _____

dollars and no more, _____ dollars being for fee, and the sum of _____ dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.

Witness *3* hand the year and day above written.

A. G. Parker

(Signature of Agent.)

State of *Ohio*, County of *Tuscarawas*, ss:

Personally came *A. G. Parker*, whom I know to be the person *he* represents *himself* to be, and who, having signed above acceptance of agreement, acknowledged the same to be *my* free act and deed.

Witness my hand and seal this *15* day of *March* 18*90*

[L. S.]

Newton M. Crawford

(Official Signature.)

Commissioner's Approval.

APPROVED FOR _____ DOLLARS and payable to _____

the recognized attorney _____

PENSIONER DROPPED.

United States Pension Agency,

Detroit, Mich

Aug 26, 1903

Certificate No.

938.204

Class

Invalid

Pensioner

Lewis Sutton

Soldier

Service

Co. F 29 Mich Inf. Vol

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid

at \$ 8.

to

March 4, 1903

has been dropped because of death

April 28, 1903

Very respectfully,

J. H. Jones.

United States Pension Agent.

NOTE.—Every name dropped to be thus reported at once,
and when cause of dropping is death, state date of death
when known.

m, m

No. 749995

WAR DEPARTMENT
RECORD AND PENSION DIVISION

Washington, D. C. MAR 21 1890

Respectfully returned to the Commissioner of Pensions.

Co. F, Reg't 29 Mass. Vols.
was enrolled Sept 3, 1864
and M. O. with Co. Sept 6, 1865

From Sept 3, 1864, to Feb. 28 1865
he held the rank of priv.

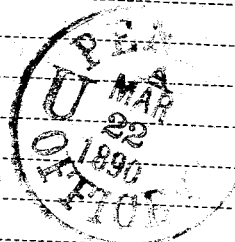
and during that period the rolls show him
present except as follows:

Other records furnish
nothing additional bearing
upon this case.

Records furnish no
evidence that Co. was
in action Dec. 1/64 at
Decatur Ala.

The medical records show him treated as
follows:

No record found.



By authority of the Secretary of War:

F. G. Cansworth
Captain and Ass't Surgeon, U. S. Army.

Per X

Write nothing above this line.

(3-030.)

Mich. Div.
W. B. B. Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

No. 749995,

Louis Sutton,

priv. B. 27. Mich. Cal.

Washington, D. C., *Mar* 19, 1899.

SIR:

It is alleged that *Louis Sutton,* enlisted *Sept. 2,* 1864,
and served as a *private* in Co. *F,* 27, Reg't *Mich. Cal.*
also as a _____ in Co. _____, Reg't _____

and was discharged at *Monroeville Tenn.*, *Sept.* 6, 1865,

It is also alleged that while on duty at *Decatur Ala.*
on or about *Dec. 10th*, 1864, he was disabled by *gun shot wound in right*
leg above the knee. rheumatism of said leg causing lameness,

and was treated in hospitals of which the names, locations, and dates of treatment are as follows:

claims treatment by regimental surgeon. (no data)

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

Geo B Ramm

Commissioner.

The Officer in Charge of the
Record and Pension Division,
War Department.

2645
8
ACT JUNE 27, 1890

3-402.

RETURN TO
U. S. PENSION AGENT,
DETROIT, - MICH.

Certificate No. 938,204

Department of the Interior,
Name, *Lewis Sutton*

BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

McKay Brand
Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. *Harriet L Sutton Harriet L Darling*

Second. When, where, and by whom were you married?

Answer. *March 13, 1870 at Albee Sag Co Mich, by Joel B. Fairchild*

Third. What record of marriage exists?

Answer. *None*

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. *Harriet L Sutton died Feb. 1, 1897 Sag. Michigan*

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. *Julia A. E. Ford born June 29, 1871*

Margie Myrtle Sutton June 13, 1879

Lois Maude Sutton May 9, 1884

Date of reply, *May 25*, 189*8*

0-8

(Signature.)

5801b750ml-98

A4

DECLARATION FOR ORIGINAL INVALID PENSION.

A

TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Michigan
Saginaw County, } SS.

On this 11 day of January, A. D. one thousand eight hundred and eighty 90 personally appeared before me, Deputy Clerk of the County Court, a court of record within and for the County and State aforesaid, Louis Sutton aged 45 years, a resident of the Cheboygan county of Michigan State of Michigan, who, being duly sworn according to law, declares that he is the identical Louis Sutton who was enrolled on the 3 day of September, 1864, in Company 4 of the 24 Regiment of Michigan Inf commanded by Capt H. O. Seymour and was honorably DISCHARGED at Murfreesboro Tenn on the 6 day of September, 1865; that his personal description is as follows: Age, 7 years; height 5 feet 5 inches; complexion, Dark; hair, Black; eyes, Grey. That while a member of the organization aforesaid, in the service and in the line of his duty at Decatur Alabama, in the State of Alabama, on or about the 1 day of December, 1864, he Received a gunshot wound. Here state name or nature of disease or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received. in right leg above knee. while on the Sherman line. Said gunshot wound has resulted in Rheumatism of said leg causing lameness which is very severe at times

That he was treated in hospitals as follows: By Saginaw Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment. but not in hospital

That he has not been employed in the military or naval service otherwise than as stated above. Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That since leaving the service this applicant has resided in the Town of Adrian in the State of Michigan, and his occupation has been that of a Farmer. That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Farmer. That he is now 1/2 disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation, Albert R. Anderson of Cheboygan Mich his true and lawful attorney to prosecute his claim. That he has not received not applied for a Pension. That his POST OFFICE ADDRESS is Cheboygan county of Cheboygan State of Michigan.

Claimant's signature, Louis Sutton

ATTEST.

Willis Miller
H. M. L. L. L.

ACT OF JUNE, 27, 1890.

DECLARATION FOR INVALID PENSION.

STATE OF Michigan COUNTY OF Manistigon SS

On this 22nd day of May A. D. one thousand eight hundred and nine-
ty nine before me, a Notary Public in and for the

County and State aforesaid, personally appeared Lewis Sutton
aged 50 years, a resident of Manistigon, county of Manistigon

State of Michigan, who being duly sworn according to law, declares
that he is the identical Lewis Sutton who was enrolled on
the 3rd day of Sept, 1864 as Private Co., B, 99th Reg't
Mich Infy Vols., in the service of the United States during the war of the

rebellion, and served at least ninety days, and was honorably discharged at or near
Manistigon in the State of

Iowa, on the 6th day of Sept, 1865

That he has not been employed in the U. S. military or naval service otherwise
than as stated above.

(If in other service, here state in what organization, and when it began and ended.)

That he has not been in the military or naval service of the United States since
the 6th day of Sept 1865

That he is unable to earn a support by reason of Rheumatism.

[Partially or totally.]

Here state the name and nature of

General debility, disease of Heart, and lungs &
every disease and describe every wound and injury that causes the disability, no matter whether incurred in the service or not.

Kidney or post-lumbar trouble

That said disabilities are not due to vicious habits, and are to the best of his
knowledge and belief permanent.

That he has not received or applied for a pension under application No.

That he is a pensioner under certificate No. I am not
If now pensioned, state your rate, number of certificate, and disabili-

ties mentioned in it. If you have applied, but not received pension, state when and for what disability and give number of claim.

That he makes this declaration for the purpose of being placed on the pension
roll of the United States under the provisions of the act of June 27, 1890.

He hereby appoints JAMES GREACEN, OF KALKASKA, MICH., his true and
lawful attorney to prosecute his claim. That his post-office address is 72nd Summer St

Manistigon, county of Manistigon, State of Michigan

James Jaggart
John Carr

Lewis Sutton
(Signature of Claimant.)

Two witnesses who can write must sign here.

GENERAL AFFIDAVIT.

State of Michigan County of Monksgon SS;

In the matter of Louis Sutton
Co., 29th Regt Mich Inf

ON THIS 15th day of June A. D. 1896 personally appeared before me a

Notary Public John Carr in and for the aforesaid county duly authorized to administer oaths

John Carr aged 44 years, a resident of Monksgon in the county of Monksgon and State of Michigan

well known to me to be reputable and entitled to credit, and who being duly sworn, declared in relation to aforesaid case as follows: That he has been well and personally acquainted with the Claimant for 8 years, and that

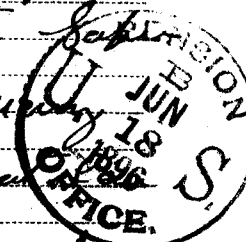
This is to certify that I have been acquainted with the said Louis Sutton (over 8 years) Also his Study Barber for 6 years and to the best of my knowledge he is not able to do any kind of hard labor the very often has a severe attack of Rheumatism the same time jumps him up for several days at a time He also complains of his kidneys and back as to the best of my belief it is only a matter of short time when he will not be able to do any kind of labor as that I can see that he is failing fast I also state that He is an honest upright respectable citizen and a man of sound friends and worthy of any favors that be granted him

H his Post Office address is No 10 West Western Ave Monksgon Mich

and further declares that I have no interest in said case and am not concerned in its prosecution. The above statement is in my own hand writing and in making the same I did not use any written statement as Related prepared or dictated by any other person

(If Affiants sign by mark, two witnesses who can write, sign here.)

(Signature of Affiants.)



John Carr

STATE OF Michigan COUNTY OF Macquigan .88

Sworn to and subscribed before me, this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words you solemnly swear that the erased and the words contents of this affidavit is true added and acquainted with its contents before executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution, and that said affiant personally known to me and that he is credible person.

John W. Lasky
(Official Signature.)
Notary Public
(Official Character.)

[L. S.]

I, Clerk of the County Court in and for the aforesaid county and State, do certify that, Esq., who has signed his name to the foregoing declaration and affidavit, was at the time of so doing, in and for said County and State, duly ~~commissioned and sworn~~; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this day of 189

[L. S.]

Clerk of the

NOTE—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a Notary or Justice without seal, the certificate of the County Clerk showing the official character of said Notary or Justice, with the signature of said Notary or Justice on same, must be filed in Pension Office.

ADDITIONAL EVIDENCE.

No. 749993
CLAIM OF
George J. Greacen
Co. 5 24th Mich Infy
130 Genl Hqrs
Macquigan Mich
AFFIDAVIT OF
John Lasky
Notary Public
Macquigan Mich

FILED BY

JAMES GREACEN;

SOLICITOR FOR CLAIMANT.

KALKASKA, MICH.

GENERAL AFFIDAVIT.

State of Michigan County of Washtenaw ss:

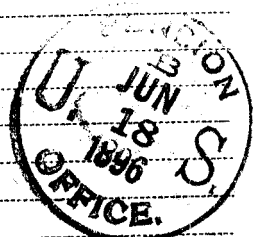
In the matter of Sewis Sutton
Co., A, 29th Regt Mich Infy

ON THIS 8th day of June A. D. 1896 personally appeared before me a
Nathan D. Dill in and for the aforesaid county duly authorized to administer
oaths Henry B. Marr aged 34 years, a resident of Michigan
in the county of Michigan and State of Michigan

well known to me to be reputable and entitled to credit, and who being duly sworn, declared in relation to
aforesaid case as follows: That J... has been well and personally acquainted with Sewis Sutton
for 8 years, and that I think him deserving

of a Pension I have worked with him 4 years
and in that time have known him to quit
work a number of times on account of his poor health
his years tell on him in the last few years and
I think him unable to do manly labor in the last
2 years his health has failed very fast he is a man of
family and a faithful worker when able

the above statement is in my own hand writing and
in making the same I did not use and was not
aided or prompted by any written statement
or recital prepared or dictated by any other person
and not attached as an exhibit to this testimony



H is Michigan Post Office address is Michigan
and further declares that I have no interest in said case and am not con-
cerned in its prosecution.

Peter W. Lopez
(If Affiants sign by mark, two witnesses who can write, sign here.)

Henry B. Marr
(Signature of Affiants.)

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE—This affidavit should, if possible, be in the handwriting of the affiant; and the marginal instructions carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Michigan, County of Washtenaw SS:

In the Pension Claim No. 749995
of Lewis Sutton, late
Co F 29th Mich Infy
(Rank, company and regiment, if in the army, or vessel and rating, if in the navy.)

Personally came before me, a Notary Public in and for the
aforesaid County and State St John B. Woodward
whose Post Office address is Washtenaw City

well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the aforesaid case as follows:

NOTES.

The Physician's affidavit must show the following facts:

Whether or not he knew the soldier prior to enlistment; the length of time he has known him, how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound he would have known it.

If he treated claimant while in the service either as his regimental surgeon or while home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment.

If he has treated soldier since discharge he should so state, giving the date of first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of prescriptions, or visits.

The extent or degree to which claimant has been unable to perform manual labor during each year from discharge or first acquaintance to the present time.

That he is a practicing physician, and has been acquainted with the above named soldier for about 20 years and that

(Here embody all the facts known to the affiant in accordance with the marginal instructions. Erasures or interlineations will

not be permitted unless the magistrate certify in his jurat that they were made before executing the paper.)

This is to certify that I have been acquainted with the applicant Lewis Sutton for a number of years and to the best of my belief and knowledge from personal examination find him suffering from the following hypertrophy or disease of the heart chronic inflammation of the pleura or lining of the lungs chronic inflammation of the trachea and pleurisy inflammation of the pericardium and at times very severe attacks of acute rheumatism and in fact the system is generally debilitated and broken down and in my judgment he is not able to perform more than 4 or at least 6 of an honest days work of manual labor. I also believe him to be honest strictly temperate and sober and fully entitled to due consideration as a worthy applicant for a pension. I have no interest in the case only in justice to him and his wife. The above statement is in my own handwriting and in making

(SIGN ON THE REVERSE SIDE.)

same I did not use, and was not
aided or prompted by any written
statement or recitation prepared or
dictated by any other person and
not attached as an exhibit to this
testimony

He further declares that he has been a practitioner of medicine for 26 years, and that he has no in-
terest, either direct or indirect, in the claims to which this affidavit is supplementary and is not engaged in its pros-
ecution.

Dr. John B. Woodward
(Affiant's Signature. Give rank and service, if in the army or navy.)

Sworn to and subscribed before me this 15th day of June, A. D. 1896
and I hereby certify that the affiant is a practicing physician in good professional standing; that the con-
tents of the foregoing affidavit were fully made known to him before its execution, including the words
..... erased, and the words
..... added; that I have no
interest, direct or indirect, in this claim, and am not engaged in its prosecution.

Peter W. Luby
[Official Signature.]

[L. S.]

Notary Public
[Official Character.]

I, Clerk of the County Court in and for the aforesaid County
and State, do certify that Esq., who has signed his name to the
foregoing affidavit, was at the time of so doing, a in and
for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit,
and that his signature thereunto is genuine.

Witness my hand and seal of office, this day of, 189.....

[L. S.]

Clerk of the

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE
PEACE. If before a Notary or Justice without seal, the certificate of the County Clerk showing the official character
of said Notary or Justice, with the signature of said Notary or Justice on same, must be filed in Pension office.

DIVISION

Pension.

No. 749 995

CLAIM OF
Senis Sutton
60 to 70 Mich Ave
Missagon Mich
130 Lombard St

PHYSICIAN'S TESTIMONY.

FILED BY

JAMES GREACEN,
SOLICITOR FOR CLAIMANT,
KALKASKA, MICH.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original

Pension Claim No. 749,995

[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Lewis Sutton

Rank, private

Company 4, 29 Reg't Mich Inf

Missouri

State,

Claimant's post-office address.

Missouri

[Post-office address of the Board.]

July 3

189 5

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: rheumatic disease of heart lungs and kidneys or prostate and general debility

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Original

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

because my rheumatism prevents me doing work, as well as does all my disability

Here give a full description of the disabilities, in accordance with Book of Instructions.

Upon examination we find the following objective conditions: Pulse rate, 92; respiration, 18; temperature, 98.6; height, 5 feet 6 inches; weight, 135 pounds; age, 50 years. Rheumatism is only present during damp weather and electrical storms. At present has no swelling or stiffness of limbs has pain in fingers of joints and motion of legs - rigid at 7/18 Disease of heart. The posture and mind are normal. The action very strong and excellent. Apical beat is plainly visible in normal situation. The sounds normal no murmurs. Condition is functional and due to an excellent nervous condition noted at 6/18 The lungs on percussion shows dullness of upper lobe left side from chest wall consisting of mucous membrane. Coughs with slight expectoration noted at 6/18 No diseased condition of kidneys discovered 7/18 No disease of prostate 7/18 No appearance of general debility - except his excellent nervousness. No present indication of nervous habits noted at 7/18

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

A. Vander Veer Pres. M. B. Munroe Sec'y. J. F. Decker Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

DECLARATION FOR INCREASE OF PENSION.

Under the Act of June 27, 1890.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Michigan }
County of Muskegon } ss:

On this 26th day of December, A. D. one thousand nine hundred and one
personally appeared before me, a Clerk of the Circuit Court within and for the county
and State aforesaid, Lewis Sutton, aged 58 years,
late a member of Co. F, 29th Regiment, Mich. Vol. Inf.
a resident of Muskegon, County of Muskegon
State of Michigan, who being duly sworn according to law, declares that he is a
pensioner of the United States under the act of June 27, 1890, enrolled at the Petrain, Mich.
Pension Agency at the rate of Six dollars per month, by reason of partial inability to
earn a support by manual labor, his pension certificate being numbered 938204

That he believes himself to be entitled to an increase of pension on account of the following-named disabilities,
to wit: Rheumatism and Heart disease
(State when and where disabilities originated, and if wounds or injuries, give circumstances of incurrence.)

That none of said disabilities are due to vicious habits, and that they are to the best of his knowledge and belief
of a permanent character

That he was employed in the military or naval service prior to Sept 6th, 1865

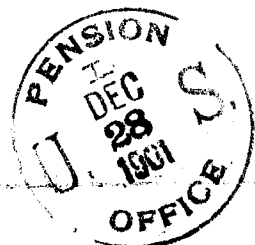
That he has not been employed in the military or naval service since Sept 6th, 1865

That he enlisted in the military service of the United
(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)
States Sept 3, 1864 and was honorably discharged Sept 6, 1865

That his post-office address is 130 Sanford St., Muskegon,
County of Muskegon, State of Mich.

Lewis Sutton
(Claimant's signature.)

Attest: (1) Amos Earlester
(2) Joseph Ballwin



TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.

ARTICLES OF AGREEMENT.

Whereas I, James E. Miller

late a Private
in Company _____, of the _____ Regiment of Ohio Infan Volunteers,
war of 1861, having made application for pension under the laws of the United States.

NOW THIS AGREEMENT WITNESSETH: That for and in consideration of services done and to be done in the premises, I hereby agree to allow my agent, A. G. Parker, of Cadwallades the fee of Twenty five DOLLARS, which shall include all amounts to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by, or payable to my said agent, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions; and then the same shall be paid to _____ in accordance with the provisions of sections 4768 and 4769 of the Revised Statutes, U. S.

Joseph Capeland
Lewis A. Parker
(Two Witnesses Signatures.)

James E. Miller
(Signature of Claimant.)
Cadwallades Ohio
(Post-office Address.)

State of Ohio, County of Tuscarawas, ss:

Be it known that on this, the 15 day of March, A. D. 1880, personally appeared James E. Miller the above named, who, after having had read over to him in the hearing and presence of the two attesting witnesses the contents of the foregoing articles of agreement, voluntarily signed and acknowledged the same to be his free act and deed.

[L. S.]

Newton M. Crawford
(Official Signature.)
Notary Public

Agent's Acceptance.

And now, to wit, this 15 day of March, A. D. 1880, accept the provisions contained in the foregoing articles of agreement, and will to the best of my ability, endeavor faithfully to represent the interest of the claimant in the premises. _____ hereby certify that _____ have received from the claimant above-named the sum of _____ dollars and no more, _____ dollars being for fee, and the sum of _____ dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefor.

Witness my hand the year and day above written.

A. G. Parker
(Signature of Agent.)

State of Ohio, County of Tuscarawas, ss:

Personally came A. G. Parker, whom I know to be the person he represents himself to be, and who, having signed above acceptance of agreement, acknowledged the same to be his free act and deed.

Witness my hand and seal this 15 day of March, 1880

[L. S.]

Newton M. Crawford Notary Public
(Official Signature.)
Commissioner's Approval.

APPROVED FOR _____

DOLLARS and payable to _____

the recognized attorney _____